



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

04 OCT 22 PM 4:53

CANDIDATE COMMITTEE
COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

CAROL A. LAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OR

E ONLY

3. This Statement covers From: 01-01-04 to 12-31-04
Mo Day Year

12-31-04
Day Year

1. Committee I.D. Number 137338
2. Committee Name FRIENDS OF BOB GIBSON

4. Candidate Last Name GIBSON First Name
4a. Office Sought Including District # or Community Service (table) CO
4b. County of Residence

5. Committee's Mailing Address 24651 MEADOW LN HARRISON TWP MI 48045
Area Code and Phone 586-746-0983

6. Treasurer's Name & Residential Address JOHN FELMUT 28342 DARTMOOTH MADISON HEIGHTS MI 48071
Area Code & Phone (248) 547-9378

7. Treasurer's Business Address 220 BAGLEY STE 430 DETROIT MI 48226
Area Code and Phone (313) 963-3847

8. Designated Record keeper's Name and Mailing Address
Designated Record keeper)
Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

11 2 2004
Month Day Year

9c. ☐ Annual Statement ()

9d. ☒ Amendment to Campaign or 9e to indicate which St.

9e. ☐ Dissolution of Candidate C

Effective Date

Month

By checking this item, I/We certify that no outstanding debts, including loans, are outstanding and the dissolution cannot be granted, the Reporting Waiver.

Note: The disposition of residual is 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement includes all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules to my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper John FREEMAN Type or Print Name John Freeman Signature

Candidate Bob GIBSON Type or Print Name Bob Gibson Signature

Authority granted under P.A. 388 of 1976

Committee has a

per Year)

complete Item 9a, 9b, 9c (amended)

on

Year

Committee has no assets or liabilities, I/We request that if considered a request for

reported on Schedule

Include all applicable Reporting Waiver threshold. If Organization, an not received on or

and to the best of

10-22-04
Day Year

10-21-04
Day Year

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137 338

2. Committee Name

FRIENDS OF BOB GIBSON

SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 10,029.99	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 10,029.99	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 10,029.99	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 1509.39	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 1509.39	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 2647.37	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 0	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 10,029.99	
	(15.) = \$ 10,029.99	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 1,509.39	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 8,520.60	